WEREIGN MERCIIANT SERVICES 10WN, MD 21741-6604

> If you have questions contact: CUSTOMER SERVICE Phone: 800-916-6264

THE SECTION AND AND ADDRESS OF GOLD STAR SALON LLC GOLD STAR SALON GOLD STAR SALON LLC 805 ST JOHNS STREET ALLEVIOUN, PA INION

Instructions for Payee

Instructions for Payee
You have received this form because you have either; (a) scooped payment cards for payments or (a) received payments thereogh a third-party network—that oxceeded \$20,000 in gross total reportable transactions and the aggregate number of those transactions oxceeded \$20 for the calendar year. Marchant acquirers and third party settlement organizations, as payment settlement entities (PSE), must report the proceeds of payment card and third party service wassections made to you on form 1099-K under internal Revenue Code section 5050W. The PSE may have controvand with an electronic payment facilitates (EPF) or other takes party payer to make payments to you.

If you have questions about the amounts reported on this form, canteet the FILEA whose information is shown in the upper left corner on the front of this form. If you so not recognize the FILEA shown in the upper left corner of the form, canteet the PSE whose name and phone number are shown in the lower left corner of the form above your account number.

See the separate instructions for your income tex return for using the information reported on this form.

Payer's teappyer identification number. For your protection, this form may show only the last four digits of your social accuracy number (SSN), implyidual

texpayer identification number (ITIN), or adoption texpayer identification reactive receiving a number (TIN), or adoption texpoyer identification number (ATIN). However, the issuer has reported your complete identification number to the IRS, and, where application, to state-and/or texts jowernments. Note, if your EIN is reported in this box, you should see the complete number in this formal (XX-XXXXXXX).

Account number. May show an account or other unique number the PSE assigned to distinguish your account.

Box 1. Shows the aggregate gross amount of psymonic cord/third party network transactions made to you through the PSE during the calendar year.

Box 2. Shows the merchant category code used for payment card/third party network transposions (if evaluate) reported on this form.

Box 3. May show the number of purchase transactions (not including raturd transactions) processed through the payment sand/diskut party network. (Optional - The PSE is not required to complete this box for 2012.)

Boxes 5a-51. Shows the gross amount of payment card/third party network transactions madn to you for each month of the calendar year.

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Taxable State: PA		ORRE	MILL AND THE REST TABLE SECTION), VISG.	Krisy N. iros (4547/longs)	099k	-pinas may deem suo.
FILEN G ADDRES, SPORE BEGGERS, SAY, SIARE, ZEP GODG, & FIRST DATA MERCHANT SERVICE DBA SOVEREIGN MERCHANT SERVICE PO BOX 6604 HAGERSTOWN, MD 21741-6604	ind telephone up. S CORPORATION VICES		FILEN'S federal identification TAYLES Extrayor identification ox	ke -	OMU No. 1645-2205 2012 Form 1099-K	The state of the s	Payment Carc and Third Party Network Transactions
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Client Gopy

2012

Prepared for: JUANY D GUZMAN

MACUNGIE PA 18062

Following is a copy of your 2012 Federal and State Income Tax Returns. Please review the returns, and keep your copy along with your supporting documents in a safe location.

Return Printed on 04/12/2013 at 12:13:30 PM

Calculation of Net Operating Loss Schedule A and B Form 1045 Revised 1/18/2013		201
Name(s) as shown on Form 1040		
VANY D GUZKAN	90000 SI	County Number
Schedule A - Net Operating Loss Check box to elect carryloward of the constition lene		and the second
Check box to elect carryforward of net operating loss 1. Amount from 2012 Form 1040, line 41 2. Fotal acribusmoss capital losses before limitation 3. Total nonbusiness capital gains 4. If line 2 is more than line 3, onter difference; otherwise, onter 0. 5. If line 3 is more than line 2, onter difference; otherwise, enter 0. 6. Nonbusiness deductions 7. Nonbusiness income other than capital gains 8. Add lines 5 and 7 9. If line 6 is more than line 8, order difference; clso, enter 0. 10. If line 8 is more than line 6, enter difference; clso, enter 0. 11. Business capital leases before finitation 11. Susiness capital leases before finitation 12. Subtract line 13 from line 11 13. Add lines 10 and 12 14. Subtract line 13 from thee 11 15. Scotion 1202 exclusion. Enter as a positive number 16. Subtract line 17 from line 16 17. Scotion 1040 Schedule D, line 21 18. Loss from Form 1040 Schedule D, line 21 19. If line 18 is more than line 10 difference otherwise.		Additional to the second secon

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you did not	13	Capital gain or (loss). Allach Schedule D II re	quired. If not requires, ch	ack hore 👂] [13	
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<i>come</i>	25 26	Pleatith savings account deduction. Attach For Moving expenses. Attach Form 3903	Paramananing C			
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	29	Self-employed hosels insurance deduction	29	4	manaza 3	
	20	Penalty on early withdrawal of savings	0t		- 10/17 3-20	
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	32	IRA deduction			12.5	4 2 2
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	34	Tudica and fees. Attach Form 6917	, <u>, , , , , , , , , , , , , , , , , , </u>			**************************************
	35 36	Obmoster production activities displication. Attach F Add Enes 23 through 35	om 8903 <u>15</u>	<u></u>	_ [5	
		mag imes 20 tarsugn 30 . Subtract line 36 from line 22. This is your sofe			35	1

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Tax and	38	Amount from line 37 (adjusted gross income)	38	**************************************
Credits	390	Check Your ware man halana January o dean	300X27	3.297.
c a constitution	٠.	in the second se	0X65 d +30e []	
Standard Deduction		If your spouse itemizes on a separate return or you were a deal-status aften, cheek	ene #190 25	
101	40	Homized deductions (from Schodule A) aryour standard deduction (see left n	wight)	. É Ach
*Parkin wind Office Big	47	Subtract line 40 from line 35	Transported Street	
7 (12 175 H) (15 1	42	Exemptions. Multiply \$3,800 by the number on line 6d	***************************************	
She of \$30 ps are one de	43	Taxable Income. Subtract line 42 from 8no 41. If line 42 is more than line 41, order	-0-	3,000
converted by a	44	Tox (soe instructions). Chock if any from: a Form(s) 8814 b Form 4872 c	-Q- 43 44	. W
undirections.	45	Alternative minimum tax (see instructions). Attach Form 6251	45	MAC SAMPLE SAMPL
AN AMERIC	45	AND MORAL UND 45 ***********************************		t continuentalism
Surger de	47	Foreign tax credit. Allesh Form 1116 if required	**************************************	
Marina Mag papientesy, 15 fear	48	Cross for calls and dependent care expenses. Attach Form 2441 48 :	· · · · · · · · · · · · · · · · · · · ·	
	49	Education crools from Form 8553, line 19		
Warrad Plung porter or Captifying	50	Retirement savings contributions credit. Attach Form 8880 50	a monthsomerater	
3-1,300	5 1	Child lax credit Allach Schedule 9812, if required		
Picopi.c/	52	Residential energy credits. Attach Form 5695	***** ** *****************************	
PC-2017 OF S.	53	Other credits from Form: # 3800 b 8801 c 53		
185700	54	Add lines 47 through 53. These are your total crodits		
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	58	A.C.
Auth	56	Self-employment tox. Altech Schedule SE	56	A CONTRACTOR OF THE PARTY OF TH
Other	57	Unreported social security and Medicare lax from Form: # 4137 6 8919		X all regulation design conduction is
Taxos	58	Additional tax on IRAs, other qualified retirement plans, etc. Allach Form 5329 if requ	Voo	Y MARSHANIA
	563	Household employment taxes from Schedule H	50	W-REPORTED CONTROL
	Þ	First-time homebuyer credit repayment. Attach Form 5405 if required	69b	6: 0:0000000000000000000000000000000000
	50	Other taxes. Enter code(s) from instructions	60	The state of the s
,	61	And sines 65 through 60. This is your total tax	**************************************	· ····································
5	62	Federal income hix withheld from Forms W-2 and 1099	651_379	2.3.34000000000.
Payments.	6 3	2012 estimated tax payments and amount applied from 2011 return 63	3.0	
ti you bave a qaasiying		Earnod Income credit (EIC)		
Chile, much	b	Nontaxable combat pay election 646		
Sorectulo CIC		Additional child tax credit. Attach Form 8812		
*		American apportunity credit from Form 8863, line 14	·	
		Account accounts and account and account account account to the second s		
	68	Amount paid with request for extension to file		
	6 \$	Excess social security and liver 1 RRTA tox withhold		
	70	Credit for federal tax on Justs. Attach Form 4135		
	71	Credits from Form: 9 2439 b 1 1 2 2801 d 5855 71		
or a (£\$0000	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	> 72	651
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you on	verpold 73	651
		Amount of line 73 you want retunded to you. If Form 8888 is attached, check here	» 740	651
Direct deposis? See	A	Routing number XXXXXXXXXX	Savings 55.57	*****
instructions		Account number XXXXXXXXXXXXXXXX		
- o - was proposed man and an		Amount of line 73 you want applied to your 2013 entimated tax 🛌 75		
Amount		Amount you own. Subtract line 72 from line 61. For details on how to pay, sog institu	ictions > 76	
dilining . wirings + a	77	Estansied tax penalty (see instructions)	7.50	Marke Property Service
Third Party	Do you Design	want to allow another person to discuss this return with the IRS (see instructions)?	Yes. Complete belo	W. No
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(Form 1040) Profit or Loss From Business									OMB No. 1545-0		
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32	i you have a less, c	heck the bo	ix that	ooscribes:	your investment	on this ac	Tvily (see Instruction	s). J		76 EU 24	
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34	Was there any change in determining quantities, costs, or valuations between opening and close if Yes, allach explanation	Sing invento	J Olha γ?	r (eliach exp Tives	ianelich)
35	inventory at beginning of year. If different from last year's closing inventory, attach explanation.	44	35		
36	Purchases less cost of items withdrawn for personal use	A Common of the	38	Transference de la companya del companya de la companya del companya de la compan	
37	Cost of labor. Do not include any amounts paid to yourself.	verditii insulmiddi	37	NY IVII AMERICANA AMERICAN	
38	Materials and supplies	and the second s	38	Marie (an anna an	- manufacture with
39	Other costs	. , .	32	THE THE STREET STREET,	
40	Add lines 35 through 35,	, , ,	40	e make make make make make make make mak	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
41	Inventory at end of year.		41	Ä. ATAMENEN EN	
Part	Cost of goods sold. Subtract line 41 from line 40. Enter the result there and on ling 4.		42		-
rant.	Information on Your Vehicle. Complete this part only if you are claim and are not required to file Form 4562 for this business. See the instruct file Form 4562.	ing car or tions for hi	truck e ie 13 to	xpenses o sind out i	on line 9 I you mus!
eg.	When did you place your vehicle in service for business purposes? (month, day, year)	n 70175	012		
<i>M</i>	When did you place your vehicle in service for business purposes? (month, day, year) Of the total number of miles you drave your vehicle during 2012, enter the number of miles you to Business 18,720 b Commeting (see instructions) 13,720		vicio for:		on anakhingis mus, pojekteke keweji
44	Of the total number of miles you drave your vahicle during 2012, enter the number of miles you to Business 18,720 b Commetting (see instructions) 18,720	sed your ve	nicle for: her	. 🗆 Yes	XI No
44 0	Of the total number of miles you drave your vahicle during 2012, enter the number of miles you to Business 18,720 b Commetting (see instructions) 18,720	zed your ve	ilcle for:	, □ Yes , ᡚ Yes	No.
44 0 45 46	Of the total number of miles you drave your vehicle during 2012, enter the number of miles you use Business. 18.720 b Commuting (see instructions) 13.720 Was your vehicle available for personal use during off-duty nouns? Do you (or your spouse) have another vehicle svallable for personal use? Do you have evidence to support your deduction?	zed your ve	ilcle for:	y hand	See .
44 3 45 46 470 <u>5</u>	Of the total number of miles you drave your vahicle during 2012, enter the number of miles you use Business. 18.720 b Commetting (see instructions) 13.720 Was your vahicle available for personal use during off-duty nours? On you for your spouse) have another vahicle svallable for personal use? On you have evidence to support your deduction?	and your ve	ticle fee:	, [<u>K</u>] Yos	Modern Mo
44 0 45 46	Of the total number of miles you drave your vehicle during 2012, enter the number of miles you use Business 18.720 b Commuting (see instructions) 13.720 Was your vehicle available for personal use during off-duty nouns? Do you for your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction?	and your ve	ticle fee:	. [X] Yes	No.
44 3 45 46 470 <u>5</u>	Of the total number of miles you drave your vahicle during 2012, enter the number of miles you use Business. 18.720 b Commetting (see instructions) 13.720 Was your vahicle available for personal use during off-duty nours? On you for your spouse) have another vahicle svallable for personal use? On you have evidence to support your deduction?	and your ve	ticle fee:	. [X] Yes	No.
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46 470 Part 1	Of the total number of miles you drave your vehicle during 2012, enter the number of miles you use Business 18,720 b Commetting (see instructions) 13,720 Was your vehicle available for personal use during off-duty nours? Do you for your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? If "Yes," is the evidence written? V. Other Expenses. List below business expenses not included on lines 8	and your ve	ticle fee:	. [X] Yes	No.
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46 470 Barri	Of the total number of miles you drave your vahicle during 2012, enter the number of miles you use the structure of miles your defining off-duty nours? On you for your spouse) have another vahicle svaliable for personal use? On you have evidence to support your deduction? If "Yes," is the evidence written? Other Expenses. List below business expenses not included on lines &		ticle fee:	. [X] Yes	No No

- Not income or Loss from the Operation of a Business, Profession or Parm.
- 5 Not Gain or Loss from the Sate, Exchange or Disposition of Property.
- 6 Hallincome or Loss from Rents, Royotties, Patents or Copyrights.
- 7 Estate or Trust Income. Complete and submit PA Schoolule J.
- B Gambing and Luttery Winnings. Complete and submit PA Schoolule T.
- 9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8, DO NOT ADD any leases reported on Lines 4, 5 or 6,
- Other Deductions: Enter the appropriate code for the type of deduction.

 No see the instructions for additional information.
- 11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

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	Social Security Number			
	Name(s) TITANA GRISIMAN	TETO - ACTUO OF CONTROL OF CONTROL		
			The state of the s	lain White San as an east on the
30386	49 & 694 I post very like (s) b.			
12	PA Tox Liability. Multiply Line 11 by 3.07 percent (0.0387).	12	0	
1 43	Total PA Tax Wahheld. See the instructions.	13	Ō	
14	Gredit from your 2011 PA Income Tax return	14	6	
15	2012 Estimated Installment Poymonts, REV-4596 included.	15	O	
16	TA 1 T AND SHOT LEADING SHOW THE SHOW T	-	Q	
17	Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)	16 17	Q	
18	Total Estimated Payments and Credits. Add Unes 14, 15, 16 and 17.	18	0 0	
Tox	Forgiveness Credit. Submit PA Schodule SP.		¥	
198			w. 4	
166	Dependents, Pan S, Line 2, PA Schedule SP	19a	00	
20	Total Eligibility Income from Part C. Line 11. PA Schodulo SP.	19b	00	
74	Tax Forgiveness Credit from Part D. Line 16, PA Schedule SP.	20	Ò	
		21	0	
22	Resident Credit. Submit your PA «Schedulo(s) G-R with your			
	PA Schedulo(s) G-S, G-L and/or PK-1.		ā	
73	Total Other Credits, Submit your PA Schodule OC.	22	0	
24	TOTAL PAYMENTS and CREDITS, Add Lines 13, 10, 21, 22 and 23.	23	Õ	
25	USE TAX, Add amount. See instructions	24	Ò	
26	TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.	25 26	0	
27	Penalties and Interest. See the Instructions. Errier Code.	27	0	
	If including form REV-1630/REV-1630A, mark the box.	6.4	Q	
.m.rg		1		-
78	TOTAL PAYMENT OUE. See the instructions.	28	O	
29	OVERPAYMENT, It Line 24 is more than the lotet of Line 12, Line 25 and Line 27, order the difference here.	29	0	
	The ional of Lines 36 through 36 must equal Line 29.			-
30	Bulleren America 18" - Atherin Commission Co			
31	Credit - Amount of Line 29 you want as a credit to you 2013 ostmated account.	30	Ò	j
32	Amount of Line 29 you want to done to the Wild Resource Conservation Fund.	31	0	1
	Amount of Line 29 you want to densite to the Military Family Relief Assistance Program.	32	0	1
34	Amount of Line 29 you want to donate to the Governor Robert P. Casey Memorial Organ	33	0	ľ
	and Tissue Donation Awareness Trust Fund.	34	0	
				1
35	Amount of Line 29 you want to donate to the Inventle (Type 1) Diabotes Cure Research Fund.	35	0	
36	Amount of Line 29 you want to donate to the PA Breast Cancer Coalition's Breast and Convict Cancer Research Fund.	**	À	1
***********		36	Q	***************************************
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Sur 8	regrature (2-4 Sociose's Signature, if thing jointly		Anti-incommission and the second second	***************************************
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403	ror's Name and Telephone Number Oate E. His Cost	A		
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PA-40 Schedule C - 2012 (08-11) Profit or Loss From Business or Profession (Sole Proprietorship)

JUAN	Y o guz	MAN					C+Cost L=Loser
BEAUTY SALOON		SER	VICE.			oobor market, O Good A-Accrusi.	rOlhe C=Cash, C+Onnr
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805 ST JOHNS STREET					· · · · · · · · · · · · · · · · · · ·	*	
-						quantibea, c	ge in deleumiring ONU O' Valuations
ALLENTOWN		PA	18103				
th Gross recoipts of some	1A	*0	193	2	. Cont of goods acid/operations	*	
the Returns and Discourages	18		0		Great profit	. 2	0
16 Billance	1Ĉ		193	4	. Other bicome (submit statement)	3	19193
		,	100		Tolul income	. 4 5	0 19193
O Advertising				Plack	::##::		
7 Antalization	6)		. Supphos jack suskuled on Schoolule C. . Texas	^{r)} 28	3900
8 Bad debts from sales or services	7	,	<u>,</u>			29	185
S. Bank dispess	8	(Telephone	30	Ō
16 Cir ans fruck orponess	9	<u> </u>			Trevel and enterprisinger	- 31	0
11 Commedian	10	15			Uhilpes	32	1750
17 Cost recipion not la depigron	11	9		\$5 ,	Wagaa	33	O
A CONTRACT OF THE STATE AND ASSESSED TO SEE	12	ť)	استدنات	er.		
				J4, (Mor espenses (specily):	3	
130 Regulat dispreciation	13A	C	\			*	
135 Sedon 179 expense	136	Ç		A		*	
14 Over ent orbigators	14	č		B	GASOLINE	A	0
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16 Freight (not on Schieduse C-1)	16	Ö		Ö		· C	1560
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A process on twy-new executioners.	18	Õ		F		720 200 200	0
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19. Laurdry and clearing	19	Ö		1		H	Õ
PC Logal and professional sorvices	20	ŏ		j			Ô
27 Management fees	21	ŏ		ĸ		. J	Q
12 Office Supplier	22	ŏ		27,		X	0
23. Pension and profit shoring plans	23	Ö					
24. Postage	24	0		34.	Total other expenses	85 de	المحادثات على 1950
25. Sen on example property	25	325	in .		Tow espenses	34 **	5160
26 Septes	26	630			Reduce expursion by total business cred	35 b 20	22105
27 Subdentional Sous	27	0	-বা		Total adjusted expenses	*30	0
	~p.	*			Not preda or loss	37 20	22105
						38	-2912

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1203215528 PA-40 Schodulo C - 2012 Social Security Number Name of owner JUANY D GUZMAN SCHEDULE C-1 - Cost of Goods Sold and/or Operations laverdary at beginning of year (it distores) from last year's cleans inventory, include explanation) Za. Purchases Ů 2A 2b. Cost of tems withdrawn for personal use Ũ 28 Û Balance (subtract Line 2b from Line 2a 20 Cost of inboride not include salary paid to yourself or subconfractor feas) 0 ď. Ö Malerals and supplies Other costs (include schedule) 4 0 5 6 ٥ Add Lines 1, 20, 3, 4 and 5 õ 0 inventory at end of year 7 Cost of goods sold and/or opprehens (subtract Line 7 from Line 6) Ealer here and on Part t, Line 2 0 â 0 SCHEDULE C-2 - Deprociation (See Instructions) Total Section 179 depreciation (do not include in items below) 1 1 0 Less: Section 179 depreciation included in Schedule C-1 2 0 Balance (subtract Line 2 from Line 1). Enter hore and on Part II, Line 13b 3 3 0 gastribusi og blobeat gastribusi og blobeat Depresiation allowed or Date acquired Method of computing Cost of officer bases allowable in prior years Life or rate **Decreasion** \$215 Depression for the year ers. (0) (0) (6) io: Buildings A.A. Ò 0 0 Filmfare/figures 48 Ö Û 0 Iron equipment 4C 0 0 VOCABLODY 0 4D Ŏ Ô Other 0 (specify) 40 0 0 0 4 1 0 Ü 0 4G Ö Û Ű 41 0 0 0 41 Ö 0 0 4. 0 0 0 4K 0 Ŏ 0 4 0 0 0 41/ O Û 0 4N 0 Ö () 4() 0 Ō 0 42 Ó Ö ă. Totals Û 5 Depreciation included in Schedule C-1 0 6 6 Õ 7 Balance (subspect Line 6 from Line 6) Enser hore and on Part II. Line 1Sa Ö Page 2 of 2 1203215528 1203215528

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Income and Information Details Checklist Client Name (s): Preparer: ENRIQUE LUZON Taxpayer : Date Return Started: 04/12/2013 SSN: JOD: Refund/Balance Due Ant Fed: Spouse: St. Abbr SSN: St. Abbr DOB: Non-Financial Related Feos: Filing Status: I E-Pile? Financial Related Fack: Refund Type: Jotal Foes:

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	PAS	CHEDULE S	SP //s	700	17770050				
		Tax Forgiveness							
	•	chedule SP (09-		2010				OFFICIAL	L USE ONLY
me of taxony				irtly, enter the name she	own first)		Socia Security	y Number (shown fa	
EZEQUIEL.	ORTIZ TO	rres							
	(even if filing se						Spouse's Soci	al Security Number	
giblity Qu	estions	······································		·					,,
Are you a	a dependent (on another taxpay	er's (par	ent, guardian, step-	parent, etc.) federal tax reti	urn?	Y	es 🔲 No	X
If you ans	swered "Yes"	above, does the t	axpayer	on whose return yo	ou are a dependent qualify t	for tax fo	rgiveness? Y	es 🔲 No	
					completing Schedule SP.			lestion 1, you mu	ust also
			igible for	rtax forgiveness and	t complete Line 1b. or Line	3c. from	Parl A below.		
		ax Forgiveness.							
LÄJ Unima POT	arried - Use (Solumn A to calcu	ilate you	r Eligibility Income	. Check the Unmerried box on L	Lire 19a d	if your PA-46. Check th	e box that describes	s your situat
		arried/divorced or			on Outerful DD Paterille				
0. L.J				:	PA Schedule SP, Enter the	oiner p	erson's;		
∏ Sena				r Eligibility Income	· · · · · · · · · · · · · · · · · · ·	Terranteen am			
					n agreement of (b) you we	re marri	ed, but separated an	id lived apart for	
					e 19a of your PA-40.			• • • •	
🔲 Mani	ied - Check ti	ne Married box on	Lice 19	a of your PA-40. Ei	nter your spouse's name a	nd SSN	above. Check the box	lhat describes your	sitaallan
а, 🔲	Married and	claiming Tax For	giveness	together with my sp	ouse. Use Column A to ca	atculate	Eligibility Income.		
b. 🗀					n. Check this box certifyin			are submitting th	e same
,					id C to calculate your Elig				
					rson's PA Schedule SP or			se Columns B a	nd C

d. 🗀					an the last six months of the	e year. L	se Columns B and	C to calculate	
[T] Dans				's name and SSN a Eligibility Income					
					nnualize the decedent's in	sama le	no the least and brid	ilki događba nam	r mathad:
						1551110 (5	and mony pass are	ony accounts you	, 1110(1100)
art B. Depe	ndent Childr	en. Provide at the in	iformal on	for each dependent ch	ild if more than four dependen	<u>t</u> children	teerla lanculibbe timbus	s in this format.	
i. i	Depende <u>nt's</u>	Name	Age	Relationship	Social Security No.	11	IPORTANT: Only o	laim the child or	children
			1 1	DAUGHTER		<u>l</u>	at you claimed as y	our dependent(s)
** *** *******************************				1		7	n your 2010 Federal		irn.
·	J. S. S. S. W. T. S		-			-	umber of dependen		1 1.
			L	I		<u> 1 E</u>	nter on Line 195 of	your PA-40 2	
arried (axo:	<u>bility Income</u> avers filing ici	ntiv use Column A	and E	ligibility Income	Married taxpeyers filing			anagatar but wet	factha lac
able 2. Sing	gle filers, que	ntly use Column A lifying separated fit and Eligibility In	lers, and	l if filing for	six months of the year u		• •	_	
Colum	n A or Married				e in the PA-40 booklet.	DE OVIU		Filing Separatel	
Unmarried Filing ,	or married Jointly						Column B Taxpaver		
i,	640	PA taxable inco	me from	Line 9 of your PA-4	0	1.			
2.		Nontaxable inte	rest, dry	idends and gains a	nd/or annualized income	2.			
3.		Alimony				3.			
ł		Insurance proce		., .,		4.			
i,		Gifts, awards an				5,			 [
5.	Q			<u>ert-year residents a</u>					
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		me - Da not include	compat pay	<u>7.</u>			
3.				sale of a residence		8.	 		
9.		Nontaxable edu		assistance onal purposes from (nuteida smur hama	10	1		
Y	640			acome for Column.	····		<u> </u>		
					hrough 10 for each spouse	and on	er the total	11.	
		Tax Forgiveness			TO SHE TO TO! COO!! SHOUSE	<u> </u>			
2.]	20	PA Tex Liability	from vo	ur PA-40. Line 12 (i	amended return, see instr	uctions)	1.	12.	
3.				rn your PA-40, Line				13.	
4.	20			btract Line 13 from L	,,_,_,_,_,_,,_,,_,,_,,_,,_,,_,,			14.	
5.		Percentage of T	ax Forgi	veness from the Ell	gibility Income Table				
	1.00	using your depe	ndents	from Part B and you	r Total Eligibility Income	from Lit	e 11	15.	
16.	20	Tax Forgivenes	s Credi	t. Multiply Line 14 by th	e dacimal on Line 15 Enter on	your PA-4	J, Line 21	16.	T

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INICH MUTINGIT Y CANCE 1003117387 PA-40 Schedule C - 2010 (09-09) Profit or Loss From Business or Profession (Sole Proprietorship) ORTIZ TORRES EZEQUIEL Mathod of Inventory: C=Cost, L=Lower of cost or market, D=0:her COURIERS/MESSENGERS PRODUCT Accounting Method: A*Accrual, C=Cash, Q=Qther 134004957 M E CHRISTOPHER CROMAN REAL ESTATE N Home office expanses deducted 492000 N Business out of existence 632 BROADWAY 7TH FL Any change in determining N quantities, costs or valuations NEW YORK NY 10075 5 1500 LA tal Gross receipts or sales. 2. Cost of goods sold/operations 3 7500 18 ũ 15. Returns and allowances 3. Gross profit 10 7500 0 15 Asianne 4. Other income (submit statement) 5 1500 5 Total income Ь 7 0 0 28. Supplies (no: included on Schedule C-1) 6 Advertising 29 7. Amertization 29 Taxes A 0 30 30. Telephone 8. Bad debts from sales or services 9 31 D 8. Sank charges 31 Trevel and entertainment 10 35 560 10. Car and truck expenses 32, Utilities 0 33 Ð 11 Commissions **3**3. Wages 75 12 Cost deptation not % deptation Other expenses (specify): AEL 13a. Regular depreciation 13B 13b Section 179 expense BCDEF 14 П 14. Does end publications 0 15 0 15. Other amployee penelit programs Ò 3 F 16. Freight (not on Schedule C-1) 0 17 17. Insurance 0 0 18 18. Interest on business indebtedrass G Ġ H Н O I I 0 Ø 19. Laundry and cleaning J J 0 Ü 50 20. Legal and professional services K 0 57 55 22. Office supplies 0 23 23 Pension and prolit-sharing piens 0 34 24 Postage 34 Total other expenses 35 25 56 D 25 Rent on business property 35. Total expenses 3P J 26. Repairs 5P 36. Reduce expenses by total business credits G 1 37 560 27 27. Subcontractor fees 37. Total adjusted expenses ΒE 640 38 Net profit or loss Page 1 of 2 1003117387 1003117387

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	CORRE	CTED (if checked)		
PAVER'S Aumo, street address, city	, state, ZIP code, and telephone no.	1 Roots	OMB No. 1545-0115	
LATE EXPRESS COUR SERVICE INC 1545 N.E. 123RD S NORTH MIAMI #L 33	. (305)807-1926 TREET	\$ 2 Royalties	20 12	Miscellaneous Income
	1	3 Other income	# Federal income tax withheld	
	1	\$	\$	
PAYER'S fuderal identification number	RECIPIENT'S identification number	6 Fishing best proceeds	6 Medical and health care payments	Сору
	and the second s	\$	\$	To be filed with
PECPIENTS (1200) JUANY D GUZMAN		7 Nonampioyee companiation	8 Substitute payments in lieu of dividends or interest	recipient's state income tax return when
Street address (including apt. no.)		\$ 15082.00 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resolo	\$ 10 Grop insurance proceeds	required
City, state, and ZIP code	:	11	12 Marine Street French	
MACUNGIE PA 18062	:			1
Account number (see instructions)	•	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
009082LONG/Z66	A	\$	\$.	
15a Section 409A deferrals	156 Section 409A income	16 State tax withhold	17 State/Payor's state no.	18 State income
		\$	FL	s
\$	\$-	\$	P 7 79 M 19 19 19 19 19 19 19 19 19 19 19 19 19	\$
-cm 1099-MISC	ì		Department of the Treasury	Internal Revenue Service

		CTED (if checked)		
PAYER'S name, street address, city	y, staté, ZiP code, and telephone no.	1 Rents	OMB No. 1545-0116	
LATE EXPRESS COUP	11ER (305)907-1926	\$	2012	Miscellaneous
1545 N.E. 123RD 9		2 Hoyanina		Income
NORTH MIAMI FL 33	·	s	Form 1099-MISC	
MONTH MINNI FF 53		3 Other Income	4 Federal Income tax withheld	
LONG/266/2012/4/008	002/009082		\$	Сору В
PAYER'S focienal identification number	RECIPIENT'S Identification number	5 Fishing boat proceeds	8 Moderal and health care payments	For Reciplent
		\$	\$	
ARCEPIENT'S Name JUANY D GUZMAN		7 Nonemployee componention \$ 15082.00	8 Substitute payments in lieu of dividends or interest	This is important tax information and is being furnished to the internal Revenue
Street address (including apt. no.)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (raciplent) for resold >	10 Crop treurance proceeds	Service. If you are required to file a return, a negligence penalty or other senction may be
City, state, and ZIP code		11	12	imposed on you if
MACUNGIE PA 18062	l		12 THE PERSON	this income is taxable and the IRS
Account number (see instructions)		13 Excess golden parachule payments	14 Gross proceeds paid to an atterney	determines that it
009082LONG/266	A	\$	\$	raported.
15a Section 409A deferrals	15b Section 409A Income	16 State tax withheld	17 State/Payer's state no.	18 State income
•		\$	FL	\$
\$ '	\$	\$		\$
Form 1099-MISC	Armen for your record	•	Department of the Tenning.	Internal Deserve Consider

CHUIC TEMPARATE JOWN, MD 21741-6604

> If you have questions contact: CÚSTOMER SERVICE Phone: 800-916-6264

TEP180336 2335 4669 1 of 2 GOLD STAR SALON LLC GOLD STAR SALON GOLD STAR SALON LLC 805 ST JOHNS STREET ALLENTOWN, PA 18103

Instructions for Payee

You have received this form because you have either: (a) accepted payment cards for payments, or (b) received payments through a third porty network—that exceeded \$20,000 in gross total reportable transactions and the aggregate number of those transactions exceeded 200 for the calendar year. Merchant acquirers and third party settlement organizations, as payment settlement entities (PSE), must report the proceeds of payment card and third party retwork transactions made to you on Form 1099-K under Internet Revenue Code section 8050W. The PSE may have contracted with an electronic payment facilitator (EPF) or other third party payer to make payments to you.

if you have questions about the amounts reported on this form, contact the FILER whose information is shown in the upper loft corner on the front of this form. If you do not recognize the FILER shown in the upper loft corner of the form, contact the PSE whose name and phone number are shown in the lower left corner of the form above your account number.

See the separate instructions for your income tax return for using the information reported on this form.

Payer's taxpayer identification number, For your protoction, this form may show only the last four digits of your social sociarity number (SSN), individual

taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN). However, the laster has reported your complete identification number to the IRS, and, where applicable, to state and/or taxt governments. Note, if your EIN is reported in this box, you should see the complete number in this format (XX-XXXXXX).

Account number. May show an account or other unique number the PSE assigned to distinguish your account.

Box 1. Shows the aggregate gross amount of payment card/third party network transactions made to you through the PSE during the colandar year.

Box 2. Shows the merchant category code used for payment card/third party network transactions (if available) reported on this form.

Box 3. May show the number of purchase transactions (not including refund transactions) processed through the payment card/third party notwork, (Optional - The PSE is not required to complete this box for 2012.)

Boxes 5a-5i, Shows the gross amount of payment card/third party network transactions made to you for each month of the calendar year.

Taxable State: PA	CORRE	CTED		
FILER'S name, street address, city, state, ZIP code, and telephone no.		FILER'S federal identification no.	OMB No. 1545-2205	
FIRST DATA MERCHANT SERVICES CORPORATI DBA SOVEREIGN MERCHANT SERVICES PO BOX 6604 HAGERSTOWN, MD 21741-6604	ION	PAYEE'S tempeyor identification no.	20 12	Payment Card and Third Party Network Transactions
800-916-626	54	 Grossamount of payment card/third party natwork 	2 Merchant category	Copy B
Check to indicate if FILER is a (an): Check to indicate transact	lons	transactions \$ 1,610.91	_7230	For Payee
Payrount settlement entity (PSF)reported ace:	_	3 Number of purchase : transactions (optional)	4	This is important tax
Electronic Payment Facilitator (EPF)/Other third party Third party network		44		being furnished to the internal Revenue
PAYEE'S name, street address (including opt. no.), city, state, and ZIP c	ÇĞO	5a January	\$6 February	Service. If you are
GOLD STAR SALON LLC		\$	\$	required to file a
GOLD STAR SALON GOLD STAR SALON LLC		Se March	\$d April	penalty or other
805 ST JOHNS STREET		5 May	S June	sanction may be imposed on you if
ALLENTOWN, PA 18103		DB IMBY	5f June	taxable income
		S Se July	S	results from this
		ag July	5h August	transaction and the IRS determines that it
		Si September	5 October	has not been
PSE'S home and telephone number		e supremuor	5) 00:000	reported.
DBA SOVEREIGN MERCHANT SERVICES		5k November	6 December	
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Form 1099-K (keep for your regords)		NS.gov/form1099k	Department of the Treasury	- Internal Revenue Service Prove
				- Internal Revenue Service Sys

288/01 7.000

	Client Copy	2012
repared for: JUANY D GUZMAN		
MACUNGIE PA 18062		
Following is a copy of your Please review the returns, a documents in a safe location	2012 Federal and State Income Tax Returns. nd keep your copy along with your supporting.	99
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Calculation of New Operating Cost	
Revised / 16/2013	2012
Name(s) as shown on Form 1040 Social Sc	curity Number
JUANY D GUZMAN	
Schedule A - Net Operating Loss	,
Check box to elect carryforward of net operating loss	
A Company for a MACA France ARAR Plant and	(2, 353)
Total nonbusiness capital tosses before limitation	
3. Total nonbusiness capital gains	_
4 If tine 2 is more than line 3, enter difference; otherwise, enter -0-	-
5. If line 3 is more than line 2, enter difference; otherwise, enter -0-	,
6. Nonbusiness income other than capital gains 7 6,509	-
	1
9. If line 6 is more than line 8, enter difference; elso, enter -0-)
14 Professor applied language hadase timitation	ļ
12. Business capital gains	. [
13. Add lines 10 and 12)
14. Subtract line 13 from line 11	
15 Add lines 4 and 14	- 1
17 EAstern 1707 Authorism Entre	,
18. Subtract line 17 from line 16	
19 Loss from Form 1040 Schedule D, line 21	_
20. If line 18 is more than line 19, difference otherwise, -0-	
99 Cultivas lies 26 from Ray 45	
23. Domestic production activities deduction from Form 1040, line 35	
24. NOL deduction for losses from other years	
25. Net operating loss	(2, 353)
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	<u>b</u>	Spouse					<u></u> }	on ou and 6b No. of children	1
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Other taxes. Enter code(s) from Instructions	``````````````````````````````````````
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Federal Income tax withheld from Forms W-2 and 1099	651
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The Ein hur of	13 self-employed P00992654
ALLENTOWN PA I	1037 PEI 2USD12 FORM 1040 (201
	Nontexable combat pay election Additional child tax credit. Attach Form 8812 American opportunity credit from Form 8863, line 14 Reserved Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withhold Credit for federal tax on fuels. Attach Form 4136 Credits from Form: g 2439 b Reserved c 8801 d 8885 Add lines 62, 53, 64a, and 65 through 71. These are your total payments If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you Amount of line 73 you want refunded to you. If Form 888 is attached, check here Routing number: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Unen	US RET 1040 aployment Compensation		
Name(s) as shown on Form 1040 JUANY D GUAMAN		Social S	ocurity Number
		:	
Gross Unemployment Compensation Unemployment Repayment Amount	· · · · · · · · · · · · · · · · · · ·	Taxpayer 6, 509	Spouso
Taxable Unemployment Compensation		6,509	
		:	
		;	
		;	
		: :	
		:	:
		:	
		;	
		:	
		•	
Potz Enkergrenos, Inc.	2us01b1	Į.	1/24/2013

000070014 TENDONERTH DIER TH THE GIVENCERONS SCHEDULE C Profit or Loss From Business OMB No. 1545-0074 (Form 1040) For information on Schedule C and its instructions, go to www.ira.gov/scheduloc. Department of the Tressury Internal Rovenuk Survice (89) Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065. Sequence No. 09 Name of proprietor Social security number (SSN) JUANY D GUZMAN Principal business or profession, including product or service (soo instructions) B Enter code from instructions * 812112 BEAUTY SALOON Business name. If no separate business name, leave blank, D Employer ID number (EIN), GOLD STAR SALON LLC Business address (including suite or room no.) 805 ST JOHNS STREET City, town or post office, state, and ZIP code ALLENTOWN PA 18103 Accounting method: (1) 🗀 Cash (2) ☐ Accrual (3) [X] Other (specify) ▶ SERVICE \(\overline{\pi}\) Yes G Did you "materially participate" in the operation of this business during 20127 if "No," see instructions for limit on losses I. No Did you make any paymonts in 2012 that would require you to file Form(s) 10997 (see Instructions). Yos □ No if "Yes," did you or will you file all required Forms 1099? ☐ Yes No Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked 93 Returns and allowances (see instructions) 2 Subtract line 2 from line 1 193 3 Cost of goods sold (from line 42) 4 Gross profit. Subtract line 4 from line 3 ... 5 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions). 6 Gross Incomo. Add lines 5 and 6 7 19 Part II Expenses Enter expenses for business use of your home only on line 30 Advertising . Office expense (see instructions) 8 18 12 19 Pension and profit-sharing plans 19 Car and truck expenses (see 1,56020 Rent or losse (see instructions): instructions). Commissions and fees 10 10 Vehicles, muchinery, and equipment 20a <u>3, 250</u> 11 Contract lubor (see instructions) Other business property 205 77 Depletion . 21 Repairs and maintenance 300 12 21 Depreciation and section 179 900 22 Supplies (not included in Part III) .. 22 expense deduction (not 23 Texos and licenses 23 85 included in Part III) (see 13 Travel, meals, and entertainment: Instructions) . Travel. 248 Employee benefit programs (other than on line 19) . . . 14 Deductible meals and entor(sinment (see instructions) 245 15 15 Insurance (other than health) $\mathcal{L}_{\mathcal{U}}$ 25 Utilities 25 750 16 Interest: 26 Wages (tess employment credits). 26 b Mortgage (paid to banks, etc.) 160 Other 160 Other expenses (from line 48) . . 270 60 17 Reserved for future use 27b Lenat and professional services Total expenses, before expenses for business use of home. Add lines 8 through 27a. 28 105 29 30 Expenses for business use of your home. Attach. Form 8829. Do not report such expenses elsewhere. 30 Net profit or (loss). Subtract line 30 from line 29. · If a profit, enter on both Form 1949, line 12 (or Form 1949NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, sad instr. Estates and irusts, enter on Form 1041, line 3. 31 (2.912). If a loss, you must go to line 32. If you have a loss, check the box that describes your investment in this activity (see instructions). If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and

on Schedule SE, line 2. If you entered an amount on line 1c, see the instructions for line 31.

. If you checked 32b, you must attach Form 6198, Your loss may be limited.

For Peperwork Reduction Act Notice, see your tax return instructions.

Estates and trusts, enter on Form 1041, line 3.

SPA

All investment is at risk.

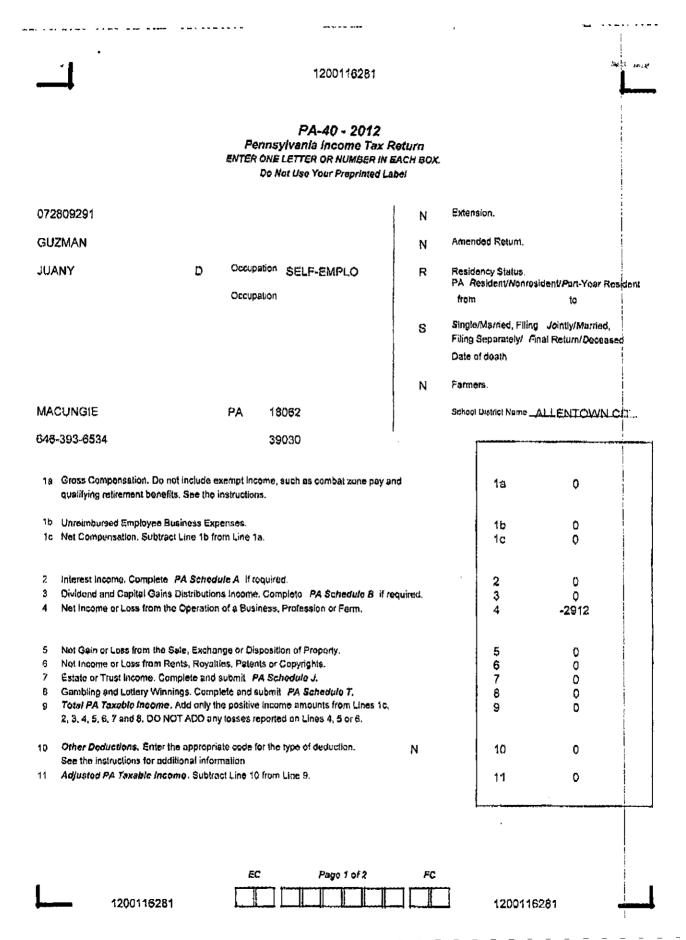
Some investment is not

Schodule C (Form 1040) 2012

32a X 32b

1037 PEI 2US091

chodule C (Farm 1040) 2012	1					
Part III Cost of Goods Sold (see instructions)	ļ	· · · · · · · · · · · · · · · · · · ·				. ,
23 Method(s) used to value closing inventory: a Cost b Lower of cost or market		a [7	Othe	er (attach	evelese	,e:a .
Was there any change in determining quantities, costs, or valuations between opening and close if "Yes," attach explanation	ng Inve			i (attach		
Inventory at beginning of year. If different from last year's closing inventory, attach explanation,		,	35			
Purchases less cost of items withdrawn for personal use	. ,	.	36	ر. ب ^{ر رو} ا	 -	
7 Cost of labor. Do not include any amounts paid to yourself , ,			37			
8 Materials and supplies	/ .	.	38			- -
9 Other coals			39			
7 Add lines 35 through 39 . ,		.	40		 .	.
1 Inventory at end of year			47		····	_
2 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4. 2rt IV Information on Your Vehicle. Complete this part only if you are claim.	, <i>,</i>		42			
	1/0					
4 Of the total number of miles you drove your vehicle during 2012, enter the number of miles you.	aim med are		CA IN	p.)		- 1
Business 18,720 b Commuting (see Instructions) 18,720	USGQ YU	c:Oth				
Business 18,720 b Commuting (see instructions) 18,720		c-Oth	16°		Yes	<u>K</u> 1
Business 18,720 b Commuting (see Instructions) 18,720 Was your vehicle available for personal use during off-duty hours?	, ,	c Oth	er _	, 🗀	Yes Yes	I
Business 18,720 b Commuting (see instructions) 18,720 Was your vehicle available for personal use during off-duty hours?		c Oth	er _	. 🗔 . 🐼		1
Business 18,720 b Commuting (see Instructions) 18,720 Was your vehicle available for personal use during off-duty hours?		c Oth	er _	. □ . ☑ . ☑	Yos	\[\bar{\chi}\chi\chi\chi\chi\chi\chi\chi\chi\chi\chi
Business 18,720 b Commuting (see Instructions) 18,720 Was your vehicle available for personal use during off-duty hours?		c Oth	er _	. □ . ☑ . ☑	Yos Yos	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Business 18,720 b Commuting (see Instructions) 18,720 Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use?. Do you have evidence to support your deduction?		c Oth	er _	. □ . ☑ . ☑	Yos Yos	
Business 18,720 b Commuting (see Instructions) 18,720 Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use?. Do you have evidence to support your deduction?		c Oth	er _	, [] , [2] , [2]	Yos Yos	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Business 18,720 b Commuting (see instructions) 18,720 Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? If "Yos," is the evidence written? Art V Other Expenses. List below business expenses not included on lines in the evidence written?		c Oth	er _	, [] , [2] , [2]	Yos Yos	1 ^
Business 18,720 b Commuting (see instructions) 18,720 Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? b If "Yos," is the evidence written? art V Other Expenses. List below business expenses not included on lines of the commutation of the commutatio		c Oth	er _	, [] , [2] , [2]	Yos Yos	3.1.2
Business 18,720 b Commuting (see instructions) 18,720 Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? But Your is the evidence written? Cart Y Other Expenses. List below business expenses not included on lines of the commutation		c Oth	er _	, [] , [2] , [2]	Yos Yos	3 12
Business 18,720 b Commuting (see instructions) 18,720 Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? But Your is the evidence written? Cart Y Other Expenses. List below business expenses not included on lines of the commutation		c Oth	er _	, [] , [2] , [2]	Yos Yos	3 12
Business 18,720 b Commuting (see Instructions) 18,720 Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? But "Yos," is the evidence written? But V Other Expenses. List below business expenses not included on lines of the commutation		c Oth	er _	, [] , [2] , [2]	Yos Yos	3 12
Business 18,720 b Commuting (see Instructions) 18,720 Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? But "Yos," is the evidence written? But V Other Expenses. List below business expenses not included on lines of the commuting (see Instructions) 18,720 Business 18,720 b Commuting (see Instructions) 18,7		c Oth	er _	, [] , [2] , [2]	Yos Yos	3 12
Business 18,720 b Commuting (see Instructions) 18,720 Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? But "Yos," is the evidence written? Art V Other Expenses. List below business expenses not included on lines in the commutation of the commutation		c Oth	er _	, [] , [2] , [2]	Yos Yos	3 12 1 56 48



·	. 1200216297 PA-40 - 2012 Social Security Number			<u> </u>
	Name(s)_JUANY_GUZMAN			
45	DA Tout liabilities Statistics (less St. for 2 A7 annual (5 A9A7)		7) (-7)	
12	PA Tex Liability. Multiply Line 11 by 3.07 percent (0.0307). Total PA Tex Withhold. See the instructions.	12 13	0	
14	Credit from your 2011 PA income Tax return.	14	0	
15	2012 Estimated Installment Paymonts, REV-4598 included.	15	Đ	
16		16	0	
17	Nonresident Tax Withheld from your PA Schodule(s) NRK-1. (Nonresidents only)	17	0	
18	Total Estimated Payments and Crodits. Add Lines 14, 15, 16 and 17.	18	٥	
Tax	Forgiveness Credit. Submit PA Schedule SP.			
	Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased	400	00	
	Dependents, Part 9, Line 2. PA Schedule SP	19a 19b	00 00	
20	Total Eligibility Income from Part C, Line 11, PA Schodulo SP.	20	0	
21	Tax Forgivoness Credit from Part D, Line 16, PA Schedule SP.	21	ŏ	
			-	
22	Resident Credit. Submit your PA-Schedulo(s) G-R with your			İ
719	PA Schedulq(s) G-S, G-L and/or RK-1. Total Other Credits, Submit your PA Schedule OC.	22	Ó	
23 24	TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.	23	Ō	
	USE TAX, Add amount. See instructions	24	0	-
	TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.	25	0	
27	Penalties and Interest, See the instructions. Enter Code:	26 27	Q	
	If including form REV-1630/REV-1630A, mark the box.	21	V	
28	TOTAL PAYMENT DUE. See the instructions.	28	0	
29	OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, onter	29	0	
	the difference here. The total of Lines 30 through 35 must equal Line 29.			
30	ranger and the contract of the		_	
31	Credit - Amount of Line 29 you want as a credit to your 2013 estimated account.	30	0	
32	Amount of Line 29 you want to denate to the Wild Resource Conservation Fund.	31 32	Ô	
33	Amount of Line 29 you want to donate to the Military Family Relief Assistance Program.	33	0	
34	Amount of Line 29 you want to donate to the Governor Robert P. Casey Momorial Organ	34	0	
	and Tissuo Donation Awareness Trust Fund.	1	•	
35	Amount of Line 29 you want to donate to the Juvonile (Type 1) Diabetes Cure Research Fund.	35	0	
36	Amount of Line 29 you want to donate to the PA Breast Cencer Coalition's Breast and Corvical Cencer Research Fund.			
<u></u>		36	. 0	
	ituro(s). Under penalties of perjury, I (wo) declare that I (we) have nationed this return, including all sanying adhedulas and statements, and to the best of my (our) belief, they are true, correct, and complete			
	Signature Sponse's Signature, if filing jointly	L		
	Comment of the second			
Prep	arer's Name and Telephone Number Date E-File Q	pt Out		
ENF	RIQUE LUZON 04/12/13			
	Firm FE		80035	3252
610	433-4602	's PTIN	P0098	2654
	Page 2 of 2			

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1200216297

FD004641

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PA-40 Schedule C - 2012 (08-11) Profit or Loss From Business or Profession (Sole Proprietorship)

072809291 JUANY D GUZMAN		Method of Inventory: C=Cost. L=Lower				0			
							or market, O≄O!		
BEAUTY SALOON			SER	/ICE		Accounting Metho	i: AªAccrual, Cª	Cash, O=Other	0
900879479	GOLD ST	AR SA	ALON L	LC		;	ехр	Home office enses deducted	N
						812112	Business	complaine to Juo	N
805 ST JOHNS STR	REET						Any change quantition, og:	s in deleimining sts or Valuations	N
ALLENTOWN			PA	18103			•		
1a Gross receipts or sales		1A	19	193	2. C	iost of goods sold/operations	2	0	
1b. Returns and allowances		1B		0	3, G	itosa profit	3	19193	
1¢ Balunce		1C	19	193	1. Q	ther incomo (submit statement)	4	Ö	
					5 T	ōtal income	5	19193	
G. Advertising	1	6		0	28.8	upplies (not included on Schedule C-1)	; 28	3900	
7. Amortization		7		ŏ	29. T	px 4s	29	185	
8 Bad debts from sales or s		8		Ō	30.T	elophone	30	0	
9. Bank charges		9		Ö	31.1	iuval and entertainment	31	ŏ	
10 Car and truck expenses		10		560	32. Ų	hiliques	32	1750	
11. Commissions		11		Ò	33. V	Vages	33	0	
12 Cost deplotion not % depl		12		Ō			,	•	
					34, 01	hor expenses (specify):	:		
130. Regular depreciation		13A		0			}		
13b. Section 179 expanse		138		O	Α		. А	0	
14. Duos and publications		14		0	В	GASÖLINE	: В	3120	
15 Other employee benefit p	rograms	15		0	C	FOOD	, Ç	1560	
16. Freight (not on Schedule		16		0	O	CAR REPAIR	D	480	
17. Insutance		17		0	E		E	Ö	
18. Interest on business inpot	btodnęsa	18		۵	F		Ę	Ō	
					G		G	0	
				_	Н		; H	0	
19. Laundry and cleaning		19		0	I,		; !	0	
90 Legal and professional se		20		0	ل من		. J	٥	
21. Management fees		21		0	K		к	0	
22 Office supplies		22		Ò					
23. Pension and prote-shoring		23		0	24	Total other expenses		5400	
24. Postage		24		0		Total expenses	34	5160 22406	
26. Rent on business proporty 26. Repairs	-	25 ne		250 200		Reduce expanses by total business crodi-	` 35	22105	
27. Subcontractor fees .		26	6	300		Total adjusted expenses	. 20	0 2210 5	
ATTEMPORAÇIQUE IODB		27		0		Net profit or loss	37		
•						-	38	-2 912	
•									
}							1		

Page 1 of 2

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1203115512

			acor car			AND ACTION OF A
						•
PA-	-40 Schedulo C - ;	7012	1203215528			t
Soci	al Security Number					(
Nam	e of owner	JUANY D GU	ZMAN			
SCHEDULE C.1 - C	ast of Goods Sal	d and/or Operation				
Inventory at hegists	ing of Good till differen	u unavor operation. Ukom last unava et et et	s 			
a. Purchases	and or Jobs (a phintel	ir irom iast Asstrie člosili	ig inventory, include expl	anation)	1	0
D. Cost of items withdo	rawo for nersonal use	•			2A	0
c. Balance (subtract L	ine 25 from Line 2s	•			28	0
		to yourself or subcontra	andrer da no.		2C	0
	pair	to tampon of approviding	acros 1406)		3	0
Materials and suppl						0
Other costs (include	schodyle)				4 5	0
Add Lines 1, 2c, 3,					6	0
inventory at end of					7	0
Cost of goods sold :	and/or oporations (su	obtract Line 7 from Line	6) Enter here and on Par	fi I, Line 2	8	0 0
			, , , , , , , , , ,	,	Ü	U
CHEDULE C-2 - De	prociation (See i	nstructions)				
Total Section 179 de	epreciation (do not in	clude in itoms below)			1	0
Less: Section 179 d	epreciation included	in Schedule C-1			2	Ö
. Balanço (subtract Li	ne 2 from Line 1). En	iter here and on Part II,	Line 13b		3	0
					ŭ	V
Other depreciation: Juscription of property	Date acquired	Cost or other basis	Depreciation allowed or	Method of computing		
(a)	(0)	(c)	úlipwable in pripr years (d)	deprocution	Life or rate	Depreciation for this your
		7-7	(=)	(e)	(1)	(9)
ddings 4A		0	0			0
ndure Mixtures 4B		0	0			ŏ
ins. equipment 4C		0	0			Ö
chinery 4D		Q	Ó			0
per						V
roc/ly)						
4E		0	0			0
4F		0	Ö			0
4G		0	0			n
4H		0	Ó			Ö
41		0	Ō			0
4 J		0	Ö			Ö
			•			U
4K		Ó	0			0
4L		0	0			o o
4M		O.	Ō			Ö
4 <u>N</u>		0	Ö			ů
40		0	0			0
4P		0	Ö			Ö
Totals		0			£	8
Depresiation includes	in Schedule C-1				5 6	0
Balarice (subtract Line	e 6 from Line 5) Ente	r here and on Part II, L	ine 13a		7	0
					,	V
			Page 2 of 2			•
12032	15528			. 12	03215528	

				*		

	Income and Information Details Checklist	;
llient Name(s): Taxpayer : SSN:	Preparer: ENRIQUE LUZON Date Return Started: 04	: /12/2013
DOB:	Refund/Balance Due Amt Fed:	•
Spouse : SSN: DOB:	St. Abbr : St. Abbr :	:
	Non-Financial Related Fees:	
Filing Status: 1 E-File? Refund Type:	Financial Related Fees:	
ceruna Type:	Total Fees:	•
	÷	•
	•	
	:	
		•
	:	
	:	
	·	
	(
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	·	

LONG/266/2011/4/00922 LATE EXPRESS COURIER SERVICE INC 1545 N.E. 123RD STREET NORTH MIAMI FL 33161

002/00023B

RAFAEL A BRITO RICHMOND HILL NY 11418

	☐ CORRE	СТ	ED (if checked)					
PAYER'S name, street address, city	, state, ZIP code, and telephone no.		Renis	OM	IA No. 1545-0115			
LATE EXPRESS COURSERVICE INC 1545 N.E. 123RD ST	\$ 2	Royallies		20 11	Miscellaneous Income			
	-	Other Income	withheld					
		\$		\$, , , , , , , , , , , , , , , , , , ,		
PAYER'S festeral identification transfer	RECIPIENT'S identification	5	Fishing bout proceeds	6	Medical and health car	e payments		Copy 2
	nonco.	\$		\$				To be filed with
RECIPIENT'S name		7	Nonemployee compensation	Ŕ	Substitute payments dividends or interest	io licu of	s	recipient's tate income
RAFAEL A BRITO			5647.00	Si.				tax return, when required.
Street address (including apt. no.)	9	Payer made direct sales of \$5,000 or more of consumer products to a hover	10	Crop insurance p	rocceda		toquiva.	
			(recipient) for resale 🕨 🔙	\$		**********		
City, state, and ZiP code RICHMOND HILL NY 1	11		12 110					
Account number (see instructions)	13	Excess Bolden becambine	14	Gross proceeds (on attorney	mid to			
000238LONG/266	A	\$		\$				
15a Section 409A deferrals	15b Section 409A Incom:	16	State tax withheld		Stati/Paya/s sta	lo no.	18 Sta	lu incum
{ s	\$	\$	*****	I	,,	,	\$	

Form 1099-MISC

Department of the Treasury - Internal Reviews Service

Form 1040		artment of the Treasury — Internal Rev S. Individual Incom		⁽⁹⁹⁾ urn 20	11 on	B No. 1545-0074	iS Use Only -	- Do not write	or staple in this space.			
For the year Jan 1 - Dec 31, 2011, or other tax year beginning , 2011, ending , 20							See separate instructions.					
Your first name				name		<u></u>	Your soc	al security no	imber			
ANDRES SALA	S								a			
If a joint return, spouse's		ame	MI Last	name	,			social securi	ty number			
							,		•			
Home address (number a	and str	eet). If you have a P.O. box, see instru	clions.	***************************************		Apartment no.			he SSN(s) above 6c are correct.			
City, town or post office.	lf you	have a foreign address, also complete:	spaces below (see i	nstructions).	State Z	P code	Presid	iential Ele	ction Campaign			
BROOKLYN, N	y 1	1211							our spouse if filing			
Foreign country name	<u> </u>		Foreign pro	vince/county	F	oreign postal code	fointly, wa	int \$3 to go to	this fund? Checking			
							refund.	You	ange your tax or Spouse			
				<u></u>	V Has	d of bousehold	/with ausl					
Filing Status	1	Single		4	X Hea	d of household ructions.) If the not your depen	qualifying	person is	a child			
	2	Married filing jointly (even if o	•	-			aeni, ente	tnis chila	'S			
Check only	3	Print and the second se										
one box.		name here		5	Qu	alifying widow(e	r) with dep					
Exemptions		X Yourself. If someone ca	•	a dependent,	do not c	heck box 6a	,	No. of	checked and 6h . 1 children			
			- 14	(2) Depender	nt's (3) Dependent's	(4)	on 6c				
	,	c Dependents:		social secur number	îty	relationship to you	child u age qualityir child te (see in	17 with y	อน 1			
		(1) First name	Last name	HUHHOGI		io you	child ta	ix cr ● did ix cr ● did strs: live wi	not th you			
					Da	uahter	ĪΧ	dite to	divorce aration			
If more than four				٠.	1			(see ir	ıstrs)			
dependents, see					 · ·		- - -	Depen on 6¢	dențs not d above .			
instructions and	٦							•	umbers			
CHECK HEIS	┛	Total number of exemptions	cisimad					on line	اما د			
		Wages, salaries, tips, etc. A						7				
Income		a Taxable interest. Attach Sch						8a				
		b Fax-exempt interest. Do no					177					
Attach Form(s)	9:	Ordinary dividends. Attach	Schedule B if re	equired	L	~1		9a				
W-2 here. Also		b Qualified dividends					1					
attach Forms	10	Taxable refunds, credits, or	offsets of state	and local inco	ome taxe	5		10				
W-2G and 1099-R if tax was withheld.	11	Alimony received		11								
	12	Business income or (loss).	Attach Schedul	e C or C-EZ				12	9,010.			
If you did not get a W-2,	13	Capital gain or (loss). Att Sch D if r					L.,	13				
see instructions.	14	Other gains or (losses). Atta	[14								
		a IRA distributions			b Taxab	le amount		15b 16b				
	16 a	a Pensions and annuities 16a b Taxable amount							y			
	17			17								
Enclose, but do	18	Farm income or (loss). Atta						18				
not attach, any payment. Also,	19	Unemployment compensation		19	10,050.							
please use 20a Social security benefits 20a; b Taxable amount								20 b				
Form 1040-V.		Other income		7 Abraugh 01 This				21	30 060			
	22	Combine the amounts in the far right Educator expenses	it commin for thies	T UKDUGILZI. TIIIS	23	at anconte		22	19,060.			
Adjusted	23	Cortain husiness evenues of reserv	ists performing an	tists and fee hack			<u> </u>					
Gross	27	Certain business expenses of reserving covernment officials. Attach Form 2	106 or 2106 EZ		24		, and a					
Income	25	Health savings account ded					, and					
	26	Moving expenses. Attach Fo	rm 3903		26							
	27	Deductible part of self-employment					637.					
	28	Self-employed SEP, SIMPLE										
	29	Self-employed health insura										
	30	Penalty on early withdrawal					···					
		Alimony paid b Recipient's SSN			31:	a						
	32	IRA deduction										
	33	Student loan interest deduct				 						
	34	Tuition and fees. Attach Form 8917										
35 Domestic production activities deduction. Attach Form 8903								36	637.			
		Subtract line 36 from line 22					-	► 37 18,423.				
BAA For Disclosu		rivacy Act, and Paperwork Re					DIA0112L 1		orm 1040 (2011)			

Form 1040 (2011)) Al	NDRES	SA	LAS										•					age 2
Tax and	38 Amount from line 37 (adjusted gross income)										3	8		18,4	423.				
Credits	39 a	Check	ΓΓ		were bo						Blind.	Total	boxes	[-	饕				
Ciddid		if:	\prod	Spot	ise was	born be	fore Jai	nuary :	2, 1947,		Blind.	check	ed 🏲	39 a					
Standard] b	If your sp	ouse	_					ial-status at	_				_	1				
Deduction	40	Itemized	dedu	uctions (f	rom Sched	ule A) or	your stan	dard de	eduction (se	ee ins	tructions	·)		سط د د دره و د د د د	4	0		8,5	500.
for —	40 Itemized deductions (from Schedule A) or your standard deduction (see instructions)												<i></i>	4	1		9,9	23.	
People who	42 Exemptions. Multiply \$3,700 by the number on line 6d												4	2		7,4	100.		
check any box on line 39a or	43 Tayable income. Subtract line 42 from line 41.													2		2 0	200		
39b or who can	If line 42 is more than line 41, enter -0-													4	3-+		Z,	523.	
be claimed as a													lection	١.			_		
idependent, see instructions.								- b										<u>`</u>	<u> 251.</u>
	45 Alternative minimum tax (see instructions), Attach Form 6251																		<u></u>
• All others:	46											• • • • • • •		· · · · · ·	4	8888			<u> 251,</u>
Single or Married filing	47 Foreign tax credit. Attach Form 1116 if required												- 						
separately,	48					•									🌉				
\$5,800 Married filing	49								.,						내를				
jointly or	50										- 25								
Qualifying		51 Child tax credit (see instructions)									- 驟								
widow(er), \$11,600	52	Residen	itial	energy	credits.	Attach i	Form 56	395			52		, ,						
Head of	53	Other crs	from	Form: a	3800	b 🗌	8801 c	П			53								
household,	54	Add line	s 4	7 throug	h 53. Ti	hese are	e vour t	otal cr	edits						7 5	4		2	251.
\$8,500	55			•	•		-		han line						- 5	5	**************************************		0.
Other	56																	3.1	107.
Taxes	57	Unreporte	d enc	ial securi	ly and Me	dicare tax	from For	n: a l	4137 b	ï	8919								
1 gyc3	58	Artritional	tay i	on JRAs (ther quali	fied retire	ment nian	s etc. 4	Attach Form	5329	if requir	ed	.,,.,		5		14-44 -144 -15-14-15-14-1		
															_	9a	, , , , , , , , , , , , , , , , , , , 	·····	
	J. L	First-tim	nah	omehin	er credi	t renavn	nent At	itach F	orm 540	5 if r	equire	ч 			5	9 b			
		Other ta													6	\rightarrow			
																		1 1	107.
	61	Auu mies	33-0	0. 11115 15	your total	d frame [Forms M	16.00	d 1099		62		<u></u>	005	-				
Payments														,,005	- ∰				
If you have a	_ 63						-		return					2,817	-(2)				
qualifying child, attach	_							• • • • •		• • • •	WAR 2500 T			1,011	出疆				
Schedule EIC.		Nontaxable		, -				10	·					749			•		
											65		~	143	-				
	66 American opportunity credit from Form 8863, line 14 66									-									
	67 First-time homebuyer credit from Form 5405, line 10 67								-										
	68		-								68				-				
					-				1eld		69				-12				
									·		70				- 🏯				
	71 Credits from Form: a 2439 b 8839 c 8901 d 8885. 71									- I									
	72 Add Ins 62, 63, 64a, & 65-71. These are your total pmts										7	2			571.				
Refund									This is the a						7	3			164.
	74 a	Amount	of I	line 73 y	ou wan	t refund	ed to y	ou. If I	Form 888				ck her	e 🟲][_7	4a		3,4	<u> 164.</u>
	► b	Rouling	nur	nber		sa Pergi			c Type:	: [2	Che	cking	- :	Savings					
Direct deposit?		Account						3800					_						
See instructions.	75	Amount of	line	73 you w	ant applie	d to your	2012 esti	mated	tax		75								
Amount	76	Amount y	ou o	we. Subti	act line 72	from line	61. For o	ietalis o	n how to pa	ay see	instruct	ions			7				
You Owe	77	Estimate	ed t	ax pena	ilty (see	instruct	ions)				77				電				
Tital Day	Do you		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						RS (see ins		one\?	·····	Y ,	Yes. Co	male	oto i	nolow.	Γ	No
Third Party			tow a	anomer po	315011 to UI	รถกรร เมเร	Jeturn W	Hirring					. 🔼	165, 00	-			L	7,40
Designee '	Design name	ee's ► D	hai	nrat	Singh					Phon	le ► (,	718)4	95-3	738	Pers num	sonal ober (identification PIN)	° ► 47	701
Sign							ned this re	turn and				and state	ments, a	ing to the					
Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete, Declaration of preparer (other than taxpayer) is based on all information of which purely the statements of the property of the pro																		
Joint return?	Your signature Date Your occupation								l l	บองช	me phone nu	ımoer							
See instructions.	/										COUL								
Кеер а сору	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation								į,	If the	IRS sent you	u an Ident	tily						
for your records.	7										enter i	here (see inst)							
	Printil	ype prepare	r's h	ame		1 .	er's signat	UľB			Date		- 1	Check	1	′ I	PTIN		
Paid	Dha								self-emplo	yed]:	P01314	760_						
Preparer's	Firm's name NORTON TAXES, LLC																		
Use Only	Firm's address Firm's E									IN P									
•		•	BR	OOKLY	N, NY	1121	2-44	67						Phone r			8)495	-3738	
			4-1									*************		***************************************				1040 (

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